



**PLAN YEAR  
2013**

Medical

Prescription

Dental

Flexible Spending Account

Life Insurance

Disability

Vision

EAP

# Open Enrollment Benefits Guide

January 1, 2013  
through  
December 31, 2013

## CONTENTS

Review your Benefits.....	2
HIPAA.....	2
The Open Enrollment Process.....	3
Plan Options.....	4
Patient Protection Disclosure.....	5
Medical Plan.....	6-9
Pharmacy Benefits.....	10
Dental.....	11
Flexible Spending Account.....	12-13
Life & Disability Insurance.....	14
Vision Insurance.....	15
Provider Contact Numbers.....	15
Provider Websites.....	16
Helpful Terms.....	17
Employee Assistance Program.....	18

Dear City of Murfreesboro Employee:

The City of Murfreesboro believes that the investment made to provide a benefits package to eligible employees represents some of the most important dollars allocated in the budget. The goal is to provide quality benefits to you and your family.

Your health benefits for the 2013 plan year are highlighted in this booklet, including open enrollment information, helpful benefits charts and benefit contact information. There is a section for you to make notes on the last page of this booklet.

Please keep this booklet in a convenient place so that you may access the information when the need arises.

LEARN MORE



Rob Lyons  
City Manager

Go to: <http://www.murfreesborotn.gov/default.aspx?ekmenu=128&id=8928>

Employee Name: \_\_\_\_\_

## Review Your Benefits

The City of Murfreesboro offers a comprehensive benefits package that consistently ranks among one of the best for governmental entities. It includes:

- Medical, prescription drug, vision and dental coverage to help you and your family stay healthy.
- Health Care and Dependent Care Flexible Spending Accounts (FSAs) that can help you save money for eligible expenses and reduce your taxable income.
- Basic Life, Voluntary Life, Accidental Death and Dismemberment (AD&D) and Long-Term Disability (LTD) insurance for peace of mind if something unexpected happens.
- Employee Assistance Program

**Open Enrollment is the time to review your benefits and make adjustments as needed.**

### For 2013...

#### What's New?

- Plan Designs
- Voluntary Vision
- Four Tier Premiums
- Flexible Spending Account Debit Cards
- Wellness
- Assistance with legal and financial services through EAP

## Open Enrollment Dates

**October 29 through**

**November 9, 2012**

Changes take effect January 1, 2013

## Your Enrollment Checklist

- ✓ Review this guide
- ✓ Ensure you have watched the Benefit Video "In the Know"
- ✓ Complete open enrollment on line
- ✓ Verify your information on your new ID card to ensure it is accurate

### For 2013...

#### What's Not Changing?

- HealthSCOPE will continue to process medical claims and flexible spending accounts
- CIGNA Great West will continue to be our medical provider network
- There is no change to our dental benefits through Delta Dental and Assurant Dental
- Rates for Voluntary Life Insurance will remain the same for 2013

# The Open Enrollment Process

## STEP 1: KNOW YOUR OPTIONS for 2013

During Open Enrollment you can:

- Enroll in or change your Medical elections;
- Enroll, change or re-enroll in a health care or dependent care FSA;
- Enroll in or change your dental elections;
- Enroll in vision coverage;
- Add or remove dependents on your benefits;
- Change voluntary life and accidental death and dismemberment coverage; all changes require underwriting approval; and,
- Waive coverage.

## STEP 2: MAKE ELECTIONS

Once you decide on your 2013 benefit elections, go to [www.healthscopebenefits.com](http://www.healthscopebenefits.com) to use the on-line enrollment portal to select your benefit elections. The portal will be available to make selections beginning October 29, 2012. When you are ready to make your elections make sure you:

- Follow the HealthScope Web Enrollment guide for instructions;
- Fill out any necessary forms;
- Print confirmation page.

You submit your elections by 4:30pm on **November 9, 2012** in order for the changes to be effective January 1, 2013.

### Taxation of Health Care Benefits

Certain benefits described in this guide are purchased with pre-tax payroll dollars as permitted by Section 125 of the Internal Revenue Code. When you purchase benefits with pre-tax dollars, you reduce your taxable income, so fewer taxes are taken out of your paycheck. You can actually increase your spendable income.

## Notice Regarding Special Enrollment

### Qualified Events

You are only allowed to change your elections outside of Open Enrollment if one of the following occurs. The status change must result in you, your spouse or dependents gaining or losing eligibility for coverage under this plan or a plan sponsored by another employer by whom you, your spouse or dependent are employed. The election change must correspond with that gain or loss of eligibility.

- Your marital status changes due to marriage, death, divorce, or annulment;
- Your number of dependents changes through birth, adoption, or death;
- You, your spouse or dependent terminate or begin employment;
- You, your spouse or dependent experience an increase or reduction in hours or loss of employment;
- Your dependent satisfies or ceases to satisfy the requirements for coverage;
- A court order requires that your child receive coverage;
- You, your spouse or dependent becomes entitled to Medicare or Medicaid.

**You must notify Human Resources within 31 days of the status change in order to make a change in your benefit elections.**

## Plan Options

There are currently two plan options for City employees to choose from. The Health Reimbursement Arrangement (HRA) and the Preferred Provider Organization (PPO). Each option is explained in further detail below.

### Preferred Provider Organization (PPO)

The PPO health plan is an increasingly common type of managed care health insurance. PPO health insurance plans normally include an annual deductible. This deductible represents the amount you must pay out-of-pocket before medical coverage kicks in. With the City's PPO plan that will take effect January 1, 2013, there will be some medical visits that require you to pay only a co-pay toward the entire bill. These include routine office visits and the cost for most prescription drugs. A PPO health insurance plan allows you to see any doctor of your choice, allowing you more control. Visits are most affordable if you stay within the network of physicians that work with your PPO medical plan. PPO plans are able to offer services at a reduced rate because of the increased patient volume. Premiums are slightly higher with the PPO plan because the deductible and out-of-pocket maximums are lower than the other plan option.

### Health Reimbursement Arrangement (HRA)

A Health Reimbursement Arrangement (HRA) allows employers to set aside funds to help employees pay for out-of-pocket healthcare expenses. You don't make any contributions to an HRA and you don't pay taxes on the HRA money you receive. The City has elected to fund **\$750** for reimbursement to those employees who enroll in the Employee only HRA plan. The City has elected to fund **\$1,500** for reimbursement to those who enroll in an employee plus child(ren), spouse, or family plan. Expenses eligible for reimbursement include "in-network" deductibles and co-insurance. To receive reimbursement, you must complete a claim form and submit it along with your Explanation of Benefits to HealthScope Benefits. Once the HRA claim has been processed, HealthScope will mail you a check. Unused HRA dollars can be carried over annually for a maximum of \$3,000 for employee only and \$6,000 for employee and child(ren), spouse, or family. Retiring employees can have their HRA funds roll over to their retirement HRA. Premiums are slightly lower on the HRA plan because the deductible and out-of-pocket maximums are higher than the other plan option.

### Coordination of Benefits

Your plan includes a Coordination of Benefits (COB) provision. COB is intended to ensure that all the payments for a given service, made by all health plans that may cover you or your dependents, do not exceed the amount the physician or facility actually charged.

## Women's Health & Cancer Rights Act

As required by the Women's Health and Cancer Rights Act of 1998, your health benefits plan provides benefits for mastectomy-related services including:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses and coverage for any complications in all stages of mastectomy, including lymphedamus; and,
- Treatment of physical complications of all stages of mastectomy, including lymphedema.

The Act requires that coverage be provided in a manner that is consistent with other benefits provided under the plan. The coverage may be subject to annual deductibles and coinsurance provisions.

The Act prohibits any group health plan from:

- Denying a participant or a beneficiary eligibility to enroll or renew coverage under the plan in order to avoid the requirements of the Act;
- Penalizing, reducing or limiting reimbursement to the attending provider (i.e. Physician, clinic or hospital) to induce the provider to provide care inconsistent with the Act; and,
- Providing monetary or other incentives to an attending provider to induce the provider to provide care inconsistent with the Act.

## Patient Protection Disclosure

Your medical plan allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from HealthScope or from any other person (including a primary care provider) to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For a list of the participating primary care providers, pediatricians or health care professionals who specialize in OB/GYN log in at [www.healthSCOPEbenefits.com](http://www.healthSCOPEbenefits.com) and click on the Provider Network Listing link.

## Health Insurance Portability And Accountability Act (HIPAA)

- HIPAA Privacy Rules establish a uniform, minimum level of privacy protections for all health information. In summary, the HIPAA Privacy Rules: Set limits on how health information is used and disclosed;
- Require that individuals are told how their health information is used and disclosed;
- Allow individuals to access, amend or copy their medical records;
- Allow individuals to receive an account of disclosures, request special restrictions, and receive confidential communications; and,
- Impose fines if the requirements of the regulations are not met.

## Medical Plan – HealthSCOPE Benefits – CIGNA Great West Network Provider

Employee cost per month (pre-tax)	PPO		HRA	
Employee	\$91.26		\$72.69	
Employee + child(ren)	\$164.42		\$130.84	
Employee + spouse	\$191.83		\$152.65	
Employee + family	\$292.31		\$232.61	
Benefits	PPO		HRA	
	In-network	Out-of-network	In-network	Out-of-network
Annual deductible employee	\$500	\$1,000	\$1,500	\$3,000
Annual deductible family	\$1,000	\$2,000	\$3,000	\$6,000
HRA contribution employee	N/A	N/A	\$750	N/A
HRA contribution family	N/A	N/A	\$1,500	N/A
Annual out-of-pocket maximum employee	\$1,500	\$3,000	\$3,000	\$6,000
Annual out-of-pocket maximum family	\$3,000	\$6,000	\$6,000	\$12,000
Member pays...				
Coinsurance	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Office visits <sup>1</sup>	\$20	50% after deductible	\$20	50% after deductible
Office visit specialist <sup>1</sup>	\$25	50% after deductible	\$25	50% after deductible
Preventive Care <sup>2</sup>	No cost	No cost	No Cost	No cost
Diagnostic	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Hospital care (Inpatient/Outpatient)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Urgent care <sup>1</sup>	\$35	50% after deductible	\$35	50% after deductible
Emergency room visit <sup>1</sup>	\$250 (waived if admitted)	\$250 (waived if admitted)	\$250 (waived if admitted)	\$250 (waived if admitted)
Allergy services to include testing <sup>1</sup>	\$25	\$50	\$25	\$50
Ambulance	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Chiropractic Care - 60 visits per year <sup>1</sup>	\$25	\$50	\$25	\$50
Diagnostic Services (testing, lab & x-ray)	20% after deductible	50% after deductible	20% after deductible	50% after deductible

<sup>1</sup>Co-pays do not count towards deductible or coinsurance

<sup>2</sup>For a full list of preventive care at no cost go to <http://www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html>.

\*Complete details about how the plans work are included in the 2013 Summary Plan Descriptions (SPD) which will be available by January 1, 2013 at

[www.healthscopebenefits.com](http://www.healthscopebenefits.com).

Benefits Continued	PPO	
	In-network	Out-of-network
Home Health Care	20% after deductible	50% after deductible
Hospice - 180 days per lifetime Bereavement & respite not covered	20% after deductible	50% after deductible
Infertility testing, treatment \$2000 maximum per year \$15,000 maximum per lifetime Artificial insemination and in-vitro fertilization only	20% after deductible	50% after deductible
Maternity Service	\$20 first office visit, then 20% after deductible (Inpatient)	50% after deductible
Mental Health & Substance Abuse - Office Visit <sup>1</sup>	\$20	50% after deductible
Mental Health & Substance Abuse – Inpatient	20% after deductible	50% after deductible
Occupational Therapy – 20 visits per year <sup>1</sup>	\$25	\$50
Physical Therapy - 20 visits per year <sup>1</sup>	\$25	\$50
Skilled Nursing Facility Care – 60 days per year	20% after deductible	50% after deductible
Speech Therapy – 20 visits per year <sup>1</sup>	\$25	\$50

HRA	
In-network	Out-of-network
20% after deductible	50% after deductible
20% after deductible	50% after deductible
20% after deductible	50% after deductible
\$20 first office visit, then 20% after deductible (Inpatient)	50% after deductible
\$20	50% after deductible
20% after deductible	50% after deductible
\$25	\$50
\$25	\$50
20% after deductible	50% after deductible
\$25	\$50

<sup>1</sup>Co-pays do not apply towards deductible or coinsurance

<sup>2</sup>For a full list of preventive care at no cost go to <http://www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html>.

\*Complete details about how the plans work are included in the 2013 Summary Plan Descriptions (SPD) which will be available by January 1, 2013 at [www.healthscopebenefits.com](http://www.healthscopebenefits.com).

## Retiree Medical Plan

### HealthSCOPE Benefits – CIGNA Great West Network Provider

Employee cost per month (pre-tax)	Retiree PPO	
Employee	\$100.20	
Employee + child(ren)	\$200.40	
Employee + spouse	\$200.40	
Employee + family	\$300.60	
Benefits	Retiree PPO	
	In-network	Out-of-network
Annual deductible employee	\$500	\$1,000
Annual deductible family	\$1,000	\$2,000
HRA contribution employee	N/A	N/A
HRA contribution family	N/A	N/A
Annual out-of-pocket maximum employee	\$1,500	\$3,000
Annual out-of-pocket maximum family	\$3,000	\$6,000
Member pays...		
Coinsurance	20%	50%
Office visits <sup>1</sup>	\$20	50% after deductible
Office visit specialist <sup>1</sup>	\$25	50% after deductible
Preventive Care	No cost	No Cost
Diagnostic	20% after deductible	50% after deductible
Hospital care (Inpatient/Outpatient)	20% after deductible	50% after deductible
Urgent care <sup>1</sup>	\$35	50% after deductible
Emergency room visit <sup>1</sup>	\$250 (waived if admitted)	\$250 (waived if admitted)
Allergy Services to include testing <sup>1</sup>	\$25	\$50
Ambulance	20% after deductible	20% after deductible
Chiropractic Care - 60 visits per year <sup>1</sup>	\$25	\$50
Diagnostic Services (testing, lab & x-ray)	20% after deductible	50% after deductible

<sup>1</sup>Co-pays do not apply towards deductible or coinsurance

<sup>2</sup>For a full list of preventive care at no cost go to <http://www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html>.

\*Complete details about how the plans work are included in the 2013 Summary Plan Descriptions (SPD) which will be available by January 1, 2013 at [www.healthscopebenefits.com](http://www.healthscopebenefits.com).

### Medicare Supplemental HRA

\$0
\$0
\$0
\$0

### Medicare Supplemental HRA

HRA contribution can be used for premiums for individual policies, including Medicare Advantage plans or Medicare supplements.

The City establishes an HRA in your name and makes a monthly contribution (\$180/person or \$360/family) to help you pay for qualifying medical expenses.



Benefits Continued	Retiree PPO	
	In-Network	Out-of-Network
Durable Medical Equipment (DME)	20% after deductible	50% after deductible
Home Health Care	20% after deductible	50% after deductible
Hospice - 180 days per lifetime Bereavement & respite not covered	20% after deductible	50% after deductible
Infertility testing, treatment \$2000 maximum per year \$15,000 maximum per lifetime Artificial insemination and in-vitro fertilization only	20% after deductible	50% after deductible
Maternity Service	\$20 first office visit, then 20% after deductible (Inpatient)	50% after deductible
Mental Health & Substance Abuse - Office Visit <sup>1</sup>	\$20	50% after deductible
Mental Health & Substance Abuse – Inpatient	20% after deductible	50% after deductible
Occupational Therapy – 20 visits per year <sup>1</sup>	\$25	\$50
Physical Therapy - 20 visits per year <sup>1</sup>	\$25	\$50
Skilled Nursing Facility Care – 60 days per year	20% after deductible	50% after deductible
Speech Therapy – 20 visits per year <sup>1</sup>	\$25	\$50

<sup>1</sup> Co-pays do not apply towards deductible or coinsurance

<sup>2</sup>For a full list of preventive care at no cost go to <http://www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html>.

\*Complete details about how the plans work are included in the 2013 Summary Plan Descriptions (SPD) which will be available by January 1, 2013 at [www.healthscopebenefits.com](http://www.healthscopebenefits.com).

### Medicare Supplemental HRA

HRA contribution can be used for premiums for individual policies, including Medicare Advantage plans or Medicare supplements.

The City establishes an HRA in your name and makes a monthly contribution (\$180/person or \$360/family) to help you pay for qualifying medical expenses.

## Prescription Drug Plan – Envision RX

Prescription Drug Benefits PPO & HRA Plan	In-network* Cost
<b>Retail Pharmacy – 30 day supply</b>	
Generics	\$10
Preferred brand	\$30
Non-preferred brand	\$50
<b>Mail Order - 90 day supply</b>	
Generics	\$20
Preferred brand	\$60
Non-preferred brand	\$100
<b>Prescription drug out-of-pocket monthly maximum</b>	
Retail (per 30-day prescription)	\$12,000
Mail order (per 90-day prescription)	\$24,000

\*There are no out-of-network prescription benefits

## Envision Pharmaceutical Services

Envision Pharmaceutical Services provides the City with prescription drug benefits. We currently have a 3-tier structure formulary to lower your out-of-pocket cost for certain brand name drugs. Envision also provides a full range of injectable and infusion biopharmaceutical products directly to patients or their physicians, and provides extensive cost-management and patient-care services.

## Generic vs. Brand Name Drugs

Orchard Pharmaceuticals provides mail order service for prescription drugs. Orchard will automatically dispense the generic drug to you unless specified by you or your doctor. This will reduce your co-payment without a compromise in quality or benefit level with your prescription plan. By law, generic and brand name drugs must meet the same standards for safety, purity, strength, and effectiveness.

The mail order service program is designed to save you time and money on your maintenance prescriptions by providing home delivery and allowing you to purchase a 90-day supply of medication for the 60-day cost (you save a copay).

## How Do I Order My Refills?

Order refills of your existing prescriptions on-line at [www.orchardrx.com](http://www.orchardrx.com). Order refills of existing prescriptions through Orchard's Interactive Voice Response system (IVR) 24 hours a day, 7 days a week. By using a touch-tone phone, you may dial the toll-free number (1-866-909-5170), then select "1" to access the automated refill center. It is easy to follow the prompted directions.

# CITY OF MURFREESBORO

2013

## Dental Plans - No Dental Changes for 2013

Delta Dental and Assurant Dental will continue to provide dental benefits to the City for 2013. Benefits are covered according to the following summary.

Employee cost per month (pre-tax)	Delta Dental	Assurant Dental
Employee	\$4.88	\$2.02
Employee + family	\$13.77	\$4.40
<b>Plan pays---</b>		
<b>Calendar Year Maximum</b> – <i>Charges for Diagnostic &amp; Preventive services do not apply to the annual Maximum</i>	\$1,000	No annual maximum
<b>Lifetime Orthodontics Maximum</b>	\$1000	No annual maximum
<b>Annual Deductible</b> Applies to Basic and Major Services Only	Per Person \$50 Per Family \$150	No annual deductible
<b>Diagnostic and Preventive Services</b> <ul style="list-style-type: none"> <li>• Oral examinations</li> <li>• Prophylaxis (cleanings)</li> <li>• X-rays</li> <li>• Fluoride treatment</li> <li>• Space maintainers</li> </ul>	100%	Cost varies for each service. See co-pay booklet for actual pricing
<b>Basic Services</b> <ul style="list-style-type: none"> <li>• Restorative (fillings)</li> <li>• General anesthesia</li> <li>• Simple Extractions</li> <li>• Oral Surgery (surgical extractions)</li> <li>• Periodontics (treatment of gums and bones supporting teeth)</li> <li>• Endodontic (root canal therapy)</li> </ul>	80%	
<b>Major Services</b> <ul style="list-style-type: none"> <li>• Crowns</li> <li>• Bridges</li> <li>• Partial dentures</li> <li>• Full Dentures</li> <li>• Implants</li> </ul>	50%	
<b>Orthodontic Services</b> <ul style="list-style-type: none"> <li>• Straightening of teeth for all enrollees</li> </ul>	50%	

*\*This is a general description of benefits, limitations and exclusions of the dental plan coverage; the terms and conditions of coverage shall be governed solely by the contract issued to the group. Complete details about what each plan covers can be found in enrollment guides.*

## Flexible Spending Accounts

A Flexible Spending Account is an employee benefit program that allows you to set aside money, on a pre-tax basis, to help you offset the cost of medical and dependent care expenses. Enrolling in an FSA is like giving yourself a raise because you set money aside for eligible expenses before your employer deducts taxes from your paycheck. This means the amount of income your taxes are based on will be lower and, as a result, your tax liability will also be lower.

FSAs provide an option to help you cover qualified healthcare expenses and/or costs associated with caring for a child while you are at work. The City offers two types of FSAs:

- **Healthcare Flexible Spending Account:** reimburses you for eligible expenses not paid by the medical plan.
- **Dependent Care Flexible Spending Account:** reimburses you for daycare expenses incurred for eligible children under age 13.

### How much can I contribute?

Employees can contribute up to \$2,500 in the health care FSA and up to \$5000 per year in the dependent care FSA. If you are married and you and your spouse file separate federal income tax returns the limit on the dependent care FSA is \$2,500 annually.

### How can you pay claims with your Healthcare FSA?

There are a couple of ways to pay claims with your FSA dollars. Use your Flex Benefits Card to pay healthcare expenses. When you enroll in a Healthcare FSA, you will automatically receive a Flex Benefit Card. The Flex Benefit Card is an easy way to pay for qualified expenses directly from your FSA account.

If you enroll in the dependent care FSA or you pay for qualified health care purchases out-of-pocket rather than using the Flex Benefit Card at the time of your purchase, you can submit a request for reimbursement to HealthSCOPE to get reimbursed from your FSA account. All you need to do is fill out a claim form and submit it along with the receipt. You can submit your paper claim via facsimile or on-line. Once the claim is approved, a reimbursement is made to you.

### How long do I have to be reimbursed?

You have until March 31, 2014 to submit claims for expenses incurred in 2013. Under IRS rules, you will forfeit any funds not used for 2013 eligible expenses by March 15, 2014.

### Can I still claim the Dependent Care Tax Credit?

You cannot use the Dependent Care FSA and the Federal dependent care tax credit for the same expenses. You will need to determine which approach would be most advantageous. Lower income families may be better off claiming the child-care credit than using an FSA, but it's best to check with a Tax or Financial Advisor.

## Flexible Spending Account Eligible and Ineligible Healthcare Expenses

IRS regulations govern the eligibility of expenses, which include those that are not fully covered by a healthcare plan and are prescribed by a physician or other licensed professional primarily for preventing, treating or mitigating a physical defect or illness. A partial list of eligible expenses is provided below:

- Acupuncture
- Alcoholism or drug dependency treatment centers
- Ambulance
- Artificial limbs and teeth
- Birth control pills and devices
- Braille books and magazines
- Childbirth preparation classes for mother, excluding portion for mother's coach
- Contact lenses and contact lens solutions
- Dental treatment (non-cosmetic), including dentures, and orthodontia (braces and retainers)
- Eye Examination
- Eye laser surgery
- Prescription eyewear
- Guide dog and its upkeep
- Fees to doctors, hospitals, etc. for:
  - Anesthesiologist
  - Chiropractists
  - Chiropractor
  - Clinic
  - Dentist
  - Dermatologist
  - Gynecologist
  - Midwife
  - Neurologist
  - Obstetrician
  - Ophthalmologist
  - Optometrist
  - Osteopath, licensed
  - Pediatrician
  - Podiatrist
  - Practical Nurse
  - Psychiatrist
  - Psychologist (medical care only)
  - Sex therapist
  - Surgeon
- Hearing aids/batteries
- Home modifications to accommodate handicapped person

- Most hospital services
- Insulin, syringes
- Laboratory fees
- Lip-reading lessons
- Lodging for medical care
- Medical supplies (prescribed)
- Mental institution care, mentally ill person unsafe when alone
- Mentally retarded, special home for
- Nurse's expenses and board
- Nursing care
- Obstetrical expenses
- Operation and related treatments
- Organ donation, organ transplants
- Orthopedic shoes, excess of costs over normal shoes
- Some over-the-counter expenses (with a doctor's prescription)
- Oxygen equipment
- Radial keratotomy
- Rental of medical equipment prescribed by doctor
- Smoking cessation programs
- Special schooling for physically or mentally handicapped family
- Speech therapy
- Sterilization, legal
- Telephone for the deaf
- Television closed caption decoder equipment that displays the audio part of the TV programs for the deaf
- Therapy received as medical treatment
- Transplant, medical expenses of donor/prospective donor
- Transportation expenses for essential medical care (mileage varies yearly)
- Tuition at special school for the handicapped
- Vaccinations
- Vasectomy
- Visual alert system for deaf person
- Wheelchair
- X-ray

## Examples of Ineligible Healthcare Expenses

- Any illegal treatment
- Cosmetic surgery, electrolysis, teeth bleaching, and hair transplant that is not medically necessary
- Cost of illegal drugs, even if physician directed
- Cost of remedial reading classes for non handicapped child
- Dancing or ballet, even when recommended by doctor
- Diaper service
- Fees for exercise, athletic, or health club memberships
- Funeral expenses
- Marriage counseling
- Maternity clothes
- Non-prescription sunglasses
- Vitamins, unless recommended by a physician as treatment for a specific, diagnosed medical condition
- Parenting classes
- Spousal or personal insurance premium
- Swimming lessons

## Life Insurance Plan

All full-time employees receive Basic Life and Accidental Death & Dismemberment (AD&D) insurance. Your Basic Life insurance provided by the City will be carried by Minnesota Life. For more information on the financial soundness and claims-paying ability of Minnesota Life, visit [www.minnesotalife.com](http://www.minnesotalife.com). You may also purchase additional Voluntary Life insurance coverage. New hires are guaranteed the purchase amount stated below; existing employees' purchase is subject to underwriting.

Coverage type	Coverage Options	Additional Information
<b>Basic Term Life &amp; Accidental Death and Dismemberment (AD&amp;D)*</b> <b>Employer-paid</b>	<ul style="list-style-type: none"> <li>• 2 x annual budgeted salary rounded to the next higher \$1,000</li> <li>• Minimum \$10,000</li> <li>• Maximum \$300,000</li> </ul>	<ul style="list-style-type: none"> <li>• Coverage is automatically provided by the City</li> <li>• All coverage is Guaranteed – no health questions</li> <li>• AD&amp;D coverage matches Basic Term Life amount</li> </ul>
<b>Voluntary Term Life (VTL)</b> <b>Employee-paid</b>	<ul style="list-style-type: none"> <li>• \$10,000 increments</li> <li>• Maximum 5 x annual budgeted salary, not to exceed \$500,000</li> </ul>	<ul style="list-style-type: none"> <li>• Subject to underwriting</li> <li>• New hire only – Guaranteed issue up to 5X annual base salary (no health questions asked) not to exceed \$200,000</li> </ul>
<b>Spouse Term Life</b> <b>Employee-paid</b>	<ul style="list-style-type: none"> <li>• \$10,000 increments</li> <li>• Maximum \$100,000</li> </ul>	<ul style="list-style-type: none"> <li>• Subject to underwriting</li> <li>• New hire only – Guaranteed issue not to exceed \$50,000</li> </ul>
<b>Child Term Life</b> <b>Employee-paid</b>	<ul style="list-style-type: none"> <li>• \$1,000 – (14 days to 6 months old)</li> <li>• \$10,000 increments (6 months to 19 yrs old; 25 if a full-time student)</li> </ul>	<ul style="list-style-type: none"> <li>• \$10,000 Guaranteed for each child – no health questions upon hire and at birth<sup>1</sup></li> <li>• A child may only be covered by one parent</li> <li>• Only \$1.30 per month</li> </ul>

<sup>1</sup>May be required to fill out an evidence of insurability form before approval is determined

\*Coverage reduces 50% at age 70

## Long Term Disability Coverage

The City offers Long-Term Disability coverage through The Standard. This benefit covers all benefit-eligible employees at no cost to the employee.

Provided to benefit-eligible employees at no cost	Long-Term Disability*
Benefits begin...	After 90 days of disability
The plan pays...	Up to 60% of your pre-disability monthly earnings

## Vision Insurance

Employees will now have the option of enrolling in a VSP vision insurance plan. This is a pre-tax plan fully funded by the employee. A pre-tax benefit can only be changed during open enrollment or due to a qualifying event. If you choose to participate in the VSP vision insurance plan some of the benefits you will see are as follows:

VSP Vision	Benefit
<b>In-Network</b>	
Frequency	12/12/24 months**
Examinations	\$10 copay
Lenses*	\$25 copay
Frames	Covered up to \$130 allowance (\$50 wholesale)
Contact Lenses	Covered in full med necessary / Covered up to \$130 elective
<b>Out-of-Network</b>	
Frequency	12/12/24 months**
Examinations	reimbursed up to \$45
Lenses*	reimbursed up to \$30 - \$100
Frames	reimbursed up to \$70
Contact Lenses	reimbursed up to \$210 when medically necessary / up to \$105 elective
<b>Cost</b>	<b>Monthly Rates (pre-tax)</b>
Employee	\$6.21
Employee + Spouse	\$9.94
Employee/Child(ren)	\$10.15
Family	\$16.36

\*Depends on type of lenses (i.e. single, bi-focal, tri-focal)

\*\*Eye exam – 1 exam every 12 months; lenses – 1 pair every 12 months; frames – 1 pair every 24 months

## Provider Contact Information

<b>Healthscope</b> – (800) 262-4772	<b>CIGNA Providers</b> – (800) 262-4772
<b>Delta Dental</b> – (800) 223-3104	<b>VSP Vision</b> – (800) 877-7195
<b>Minnesota Life</b> – (800) 392-7295	<b>The Standard (LTD)</b> – (800) 772-7051
<b>City of Murfreesboro HR</b> – (615) 848-2553	<b>Life Services EAP</b> – (800) 822-4847
<b>Assurant</b> – (866) 474-2345	<b>Envision</b> – (800) 361-4542
<b>Orchard Pharmaceutical Services/ Mail Service Prescription Drug Program</b> – (866) 822-4847	

### Provider Websites

#### HEALTHSCOPE BENEFITS

[www.healthscopebenefits.com](http://www.healthscopebenefits.com)

Online resources:

- Benefits Summary
- Eligibility Status
- Claim Status and Print Explanation of Benefits (EOB's)
- Request insurance card

#### DELTA DENTAL

[www.DeltaDentalTN.com](http://www.DeltaDentalTN.com)

Online resources:

- Find a participating dentist
- Print an ID card
- Check benefits eligibility
- Review claims
- View dental health tips

#### ASSURANT DENTAL

[www.assurantemployeebenefits.com](http://www.assurantemployeebenefits.com)

Online resources:

- File a claim
- Find a dentist

#### VSP

[www.vsp.com](http://www.vsp.com)

Online resources:

- Mybenefits
- Find a VSP doctor
- EyeCare information
- Glasses, Contacts & Lasik
- Special Offers

Email to [iMember@vsp.com](mailto:iMember@vsp.com)

#### ENVISION RX

[www.envisionrx.com](http://www.envisionrx.com)

Online resources:

- Preferred Drug List
- Pharmacy Locator
- Direct member reimbursement
- Specialty Drug Information

#### ORCHARD

[www.orchardrx.com](http://www.orchardrx.com)

Online resources:

- Re-order prescriptions

Email: [questions@orchardrx.com](mailto:questions@orchardrx.com)  
[refill@orchardrx.com](mailto:refill@orchardrx.com)  
[information@orchardrx.com](mailto:information@orchardrx.com)  
[employment@orchardrx.com](mailto:employment@orchardrx.com)

#### MINNESOTA LIFE INSURANCE

[www.minnesotalife.com](http://www.minnesotalife.com)

Additional Benefits:

- LifeSuite Benefits: Travel Assistance
- Beneficiary Financial Counseling

Email to [ochs@ochsinc.com](mailto:ochs@ochsinc.com)

#### LIFESERVICES

[www.lifeserviceseap.com](http://www.lifeserviceseap.com)

Online resources

- Legal and Financial Consultation Services
- ID Theft and Fraud
- WorkLife Service providing assistance with childcare, eldercare, adoption, daily living, education, wellness



## Helpful Insurance Terms

**HRA** — HRA stands for Health Reimbursement Arrangement/Account. With this type of plan, funds are put into an account by your employer for you to use to cover eligible health care expenses. There is a deductible but you can choose whether or not to be reimbursed for the deductible with funds that you have in your Health Reimbursement Account. If you don't have enough money in your HRA to cover the full deductible, you are responsible for the remaining portion which is known as a "bridge" deductible.

**PPO** — PPO means Preferred Provider Organization. There is a network of providers and costs are lower when you see an in-network provider. You pay more (Up to 100% of the cost) if you decide to see a provider that is not in the network.

**Bridge** — Bridge is the portion of the deductible that you are responsible for in an HRA plan. Once your HRA is exhausted, you are responsible for "bridging" the difference between what the HRA covered and the full deductible.

**Premium** — Premium is the amount that you pay to be enrolled in the plan. It is just like the premium you pay for your car and home/renter's insurance. The amount of premium will vary depending on the plan you choose and whether or not you cover dependents.

**Co-Pay** — A type of medical plan where you pay a specified amount of out-of-pocket expenses for healthcare services (such as doctor visits and prescription drugs) at the time the service is rendered, with the plan paying the remaining cost.

**Co-insurance** — Co-insurance is the percentage of healthcare costs that you share with the plan once the deductible is met. For example, if the plan has an 80% co-insurance rate for a specific healthcare service, that means that once the deductible is met, the plan will pay 80% of the cost and you are responsible for the remaining 20%. Co-insurance levels may vary depending on the type of healthcare service you are receiving and whether or not you use an in-network provider.

**Deductible** — Deductible is the amount paid before the plan begins paying at a co-insurance rate.

**Maximum out-of-pocket** — Maximum out of pocket is the amount that you pay before the plan begins paying at 100%. Some things may not be included in the maximum out-of-pocket like premiums, deductibles, co-pays, expenses from out-of-network providers, services not covered by the health plan, etc.

**Preventive Care** — Preventive care includes services that help to prevent future illness. For a list of what's covered at \$0 cost, go to <http://www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html>.

## Helpful Insurance Terms Continued

**In-Network** — In-network refers to a group of providers that have contracted with the plan to provide services to members at a reduced rate.

**Out-of-Network** — Out-of-network refers to all other providers that are not included in the plan's network.

**Third Party Administrator (TPA)** — Organization that administers group medical policies for an employer. HealthSCOPE is a Third Party Administrator.

**Self Insured** — A medical plan offered by employers who directly assume the major cost of health coverage for their employees.

## Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) is a service paid by the City to provide confidential, professional short-term counseling, referral and follow-up for you and your family members. Everyone experiences personal problems at some point in their lives. Often it is difficult to know what to do or whom to turn for help. This is why the City has made the services of LifeServices EAP available to you and your family.

As part of your Employee Assistance Program provided by LifeServices, you and your family will now also have access to legal and financial benefits through their partnership with Consolidated Legal Concepts, CLC. Benefits include discounts on legal consultation, do-it-yourself legal forms document preparation, financial consultations and tax consultation and preparation.

### ***To access WorkLife the on-line services?***

1. Enter this web address using an internet browser:  
[www.lifeserviceseap.com](http://www.lifeserviceseap.com)
2. On the Homepage, click  
on "Website Services Login".
3. Enter the User Name as:  
**murfreesboro**
4. Enter the Log-In ID as:  
**employee**

## This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.